



# APPLICATION FOR RECORDS RETENTION SCHEDULE

**OFFICE OF THE SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES AND HISTORY  
RECORDS MANAGEMENT DIVISION**

**INSTRUCTIONS:** See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

[illegible]

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
X		d. Does this series have historical or long term research value?
	N/A	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
X		f. Is the information contained in this series ever published? If yes, attach copy.
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. <u>It is a summary report.</u>
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? <u>Partially at each CESA.</u>
	X	i. Is this series <u>for a major portion of it</u> regularly microfilmed?
	X	j. Does the record series result in a computer printout?

#### 11. Retention Requirements

The following requires the series to be kept:

- |                          |              |                                   |                 |
|--------------------------|--------------|-----------------------------------|-----------------|
| a. State Law             | _____ years. | d. Audit period                   | _____ years.    |
| b. Statute of limitation | _____ years. | e. Administrative need            | <u>1</u> years. |
| c. Federal law           | _____ years. | f. Federal retention instructions | _____ years.    |

Attach copy or excerpt of laws or regulations. Explain administrative need.

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☐ Other \_\_\_\_\_ then,

- ☒ Hold in the current files area \_\_\_\_\_ month(s) 1 year(s); then
- ☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then
- ☐ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then
- ☐ Destroy.
- ☒ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>[Signature]</i>	<u>5/14/81</u>	<i>Walker L. Baumgardner</i>	<u>5/14/81</u>
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
		State Auditor/Designee	<u>5-26-81</u>
		Secretary of State/Designee	<u>5-22-81</u>
		Adjunct General/Designee	<u>5-27-81</u>